



**Department of Environment and Conservation
Division of Remediation - Drycleaner Environment Response Program
401 Church Street, 4th Floor L&C Annex
Nashville, Tennessee 37243**

2008 Solvent Suppliers/Distributors Registration

1. **REGISTRATION TYPE:** (Circle one) Initial / Revised / Renewal/ Quarterly Registration No. D____-_____

2. **GENERAL INFORMATION:**

Facility Name: _____ County: _____

Address: _____ EPA ID No: _____

City/State/Zip: _____ Phone: (____) _____

Mailing Address (if different): _____

Property Owner: _____ Phone: (____) _____

Address: _____ Zip code: _____

Other Interest: _____ Phone: (____) _____

Address: _____ Zip code: _____

Contact Person: _____ Phone (____) _____

(a) Indicate the date this facility began selling solvent to drycleaners: _____

(b) Do you have facilities/distributors in other locations or cities that sell or distribute solvents to Tennessee drycleaning facilities (Yes/No)? _____ if yes, indicate the name and address of each facility. (If more space is needed, attach a separate page.)

Name

Address

3. **FEES:** **Registration Fee:** _____
 Solvent Surcharge Fee: (For solvent sales during the reporting period.) _____
 Enter the total fees due based on the schedule (s): _____

Total Registration and Solvent Surcharge Fees: _____

4. **COMPLIANCE:** As of October 15, 2007, all in-state wholesale distribution facilities must comply with Class 1 and Class 2 Best Management Practices (BMPs) because they are critical for the prevention of drycleaning solvent releases. Are you in compliance with all BMPS? (Circle One) Yes / No. Also Rule changes as of October 2000 required delivery of dense non-aqueous solvents or products by closed, direct-coupled delivery system. Are you in compliance with this Rule? (Circle one) Yes / No.

5. **CERTIFICATION:** I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments, is true, accurate and complete to the best of my knowledge, information and belief.

Signature of Owner/Manager or Authorized Representative

Title

Date

Make checks payable to the Treasurer, State of Tennessee and mail to the Department of Environment and Conservation, Division of Fiscal Services – Fee Section, 401 Church Street, 14th Floor L&C Tower, Nashville, TN 37243.

6. **SOLVENT SURCHARGE FEE:** For each Tennessee drycleaning facility that purchased drycleaning solvent from _____ to _____, identify the following: the name of the facility, the address, the drycleaning facility's registration number and the quantity (gallons of solvent purchased). (If more space is needed, attach *additional pages*.)

[illegible]

Dense non-aqueous solvent/product fee: \$10 X =

Light non-aqueous solvent /product fee: \$1 X =

Total solvent surcharge fee: (page total if submitting two or more pages) _____